



US EPA RECORDS CENTER REGION 5



513193

American Cyanamid Company
P O Box 262
Michigan City, IN 46360
(219) 874-6211

January 22, 1986

FEB 10 3 11 PM '86
DIVISION OF LAND
POLLUTION CONTROL
BOARD SECRETARY

Mr. David D. Lamm
Indiana State Board of Health
Division of Land Pollution Control
1330 West Michigan Street
P. O. Box 1964
Indianapolis, Indiana 46206

Mr. Lamm:

Enclosed are forms E, F and G of the State Hazardous Waste Annual Report.

The Michigan City plant of American Cyanamid does generate laboratory quantities of mercury waste. (D.O.T. Hazard Class ORM-B, EPA Hazardous Waste Number U-151). This waste is not discarded product, off grade product or spill residues. It is generated solely from the use of a scientific laboratory instrument. (The waste produced contains mercury that when subjected to the EP toxicity test would generate a leachate containing in excess of 0.2 mg/l of mercury).

Best Regards,

AMERICAN CYANAMID COMPANY

D. L. Weik
Chief Chemist

DLW:mvt
Enclosure

cc: Mr. R. A. Dennis NA
 Mr. R. V. Toloso MC
 File

Division of Industrial Safety
INDIANA STATE DEPARTMENT OF
1330 West Washington Street
P.O. Box 1554
Indianapolis, Indiana 46206

IND005159546 SQG
AMERICAN CYANAMID COMPANY
1800 EAST U.S. 12
MICHIGAN CITY, IN 46360



FORM E:

Installation Identification Form

ENVIRONMENTAL MANAGEMENT BOARD

INSTRUCTIONS: Please refer to the specific instructions before completing this form. The information requested herein is required by IC 13-7-8.5-2.

I. TYPE OF HAZARDOUS WASTE REPORT FOR THE YEAR ENDING DEC. 31, 1985

FORM G:
GENERATOR BIENNIAL REPORT ☐

FORM F:
FACILITY BIENNIAL REPORT ☐

DID NOT GENERATE/TSD HAZARDOUS ☐

SMALL QUANTITY GENERATOR OF HAZARDOUS WASTE
GENERATE LESS THAN 100 Kg PER MONTH ☒ GENERATE BETWEEN 100 & 1000 Kg PER MONTH ☐

II. INSTALLATION'S EPA I.D. NUMBER I N D 0 0 5 1 5 9 5 4 6

III. NAME OF INSTALLATION A M E R I C A N C Y A N A M I D C O M P A N Y

IV. INSTALLATION MAILING ADDRESS

Street or P. O. Box 1 8 0 0 E A S T U S 1 2

City or Town M I C H I G A N C I T Y

State I N Zip Code 4 6 3 6 0 - 2 0 7 4

V. LOCATION OF INSTALLATION

Street or P. O. Box S A M E

City or Town

State Zip Code County

VI. INSTALLATION CONTACT

Last Name	First Name	Phone (area code & no.)
W E I K	D A L E	2 1 9 / 8 7 4 - 6 2 1 1

VII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to be the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

R. V. TOLOSO, PLANT MANAGER

R. V. Toloso

1/31/86

(A.) PRINT OR TYPE NAME AND TITLE

(B.) SIGNATURE

(C.) DATE SIGNED

Please print or type with ELITE type (12 characters per inch).

PAGE 1 OF



FORM F: FACILITY ANNUAL REPORT FOR THE YEAR ENDING DEC. 31, 19 85

ENVIRONMENTAL MANAGEMENT BOARD

(Collected under the authority of IC 13-7-8.5-2 Indiana Environmental Management Act)

XIV. FACILITY'S EPA ID NUMBER I N D 0 0 5 1 5 9 5 4 6

XV. COST ESTIMATES FOR FACILITIES This information is required only on one copy of Form F.

A. COST ESTIMATE FOR FACILITY CLOSURE

B. COST ESTIMATE FOR POST CLOSURE
MONITORING AND MAINTENANCE

\$ 14,490.00

\$.00

XVI. GENERATOR'S NAME (specify)

GENERATOR'S EPA ID NUMBER

AMERICAN CYANAMID COMPANY I N D 0 0 5 1 5 9 5 4 6

XVII. GENERATOR'S ADDRESS

Street or P. O. Box 1800 EAST US 12

City or Town MICHIGAN CITY State IN Zip 46360

XII. WASTE IDENTIFICATION

LINE NUMBER	(A.) DESCRIPTION OF WASTE (limit to 45 characters)	(B.) EPA HAZARDOUS WASTE (see codes)	(C.) HAND- LING METHOD (code)*	(D.) AMOUNT OF WASTE (in Pounds or Tons)	(E.) UNIT OF WEIGHT (circle one)
1	INSTRUMENT WASTE	D 0 0 9	SOI	60	P * * T
2	(WASTE CONTAINING MERCURY)				P * * T
3					P * * T
4					P * * T
5					P * * T
6					P * * T
7					P * * T
8					P * * T

XIII. COMMENTS (enter information by line number -- see instructions)

* See Section XVIII-C of instructions for wastes handled by more than one method.



FORM G: GENERATOR ANNUAL REPORT FOR THE YEAR ENDING DEC. 31, 1985

ENVIRONMENTAL MANAGEMENT BOARD

(Collected under the authority of IC 13-7-8.5-2 Indiana Environmental Management Act)

VIII. GENERATOR'S EPA ID NUMBER I N D 0 0 5 1 5 9 4 4 6

IX. TRANSPORTATION SERVICES USED This information is required only on one copy of Form G.
List the EPA Identification Numbers and Names for all transporters whose services were used during the year.

X. FACILITY'S NAME (specify) FACILITY'S EPA ID NUMBER

AMERICAN CYANAMIDE COMPANY I N D 0 0 5 1 5 9 5 4 6

XI. FACILITY'S ADDRESS

Street or P. O. Box 1800 EAST US 12
City or Town MICHIGAN CITY State IN Zip 46360-2074

XII. WASTE IDENTIFICATION

LINE NUMBER	(A.) DESCRIPTION OF WASTE (limit to 45 characters)	(B.) DOT HA- ZARD CLASS	(C.) EPA HAZARDOUS WASTE (see codes)	(D.) AMOUNT OF WASTE (in Pounds or Tons)	(E.) UNIT OF WEIGHT (circle one)
1	INSTRUMENT WASTE	1 7	D0 0 9	6 0	P * * * T
2	(WASTE CONTAINING MERCURY)				P * * * T
3					P * * * T
4					P * * * T
5					P * * * T
6					P * * * T
7					P * * * T
8					P * * * T

XIII. COMMENTS (enter information by line number -- see instructions)

PAGE ____ OF ____